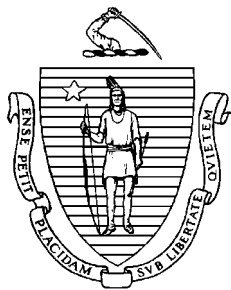


Fee \$41.00



The Commonwealth of Massachusetts
Division of Professional Licensure
Board of Registration in Optometry
239 Causeway Street, Boston MA 02114

DPA Certification Application

Last Name: _____ First Name: _____ M.I. _____

Address: _____

MA License number _____

Year of original license by examination _____

State where originally licensed by examination _____

If original state of licensure by examination is not MA, request official verification of date of original licensure by examination from state of original licensure to be sent directly to the MA Optometry Board.

If original date of licensure by examination is prior to 1984, either in MA or another state, provide:

- official documentation (sent directly from the school, or in a sealed envelope from the school, and attached to application) from the school of optometry or school of medicine where the 97 hour post graduate DPA study was taken; and
- Official documentation (transcript, affidavit, certificate of completion) of 30 hours post graduate supervised clinical practice, including 6 hours in pediatric practice.

For office use only

Fee Received/Initials _____

Application Review Date(s) _____

DPA Certification Approved by _____

Certificate issued ☐